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DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

Docket Number
13DV-14043/11713

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REDUCED-TANTALUM SUPERALLOY COMPOSITION OF MATTER AND ARTICLE MADE THEREFROM,
AND METHOD FOR SELECTING A REDUCED-TANTALUM SUPERALLOY

the specification of which

☒ is attached hereto
OR

☐ was filed on _____ as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365 (b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

None		
(Number)	(Country)	(Day/Month/Year Filed)
_____	_____	_____
(Number)	(Country)	(Day/Month/Year Filed)
_____	_____	_____

Priority Claimed

☐ Yes ☐ No

☐ Yes ☐ No

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119 (e) of any United States provisional application(s) listed below.

None	
(Application Number)	(Filing Date)
_____	_____

☐ Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §120 of any United States Application(s), or §365 (c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

None		
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____

I hereby appoint the registered practitioners associated with Customer Number: 31316 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to: Gregory Garmong at telephone number 775-588-0345

Address all correspondence to:
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P.O. Box 12460
Zephyr Cove, NV 89448
Customer Number 000031316



31316

PATENT & TRADEMARK OFFICE

OEAE (9/97)

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Docket Number

13DV-14043/11718

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full name: Kevin Swayne O'Hara
First Name Middle Name Last Name
Signature: Kevin Swayne O'Hara Date: 08/22/2002
Residence: Boxford, MA Citizenship: United States
City and State
Post Office Address: 13 Wildmeadow Road, Boxford, MA 01921

SECOND JOINT INVENTOR:

Full name: William Scott Walston
First Name Middle Name Last Name
Signature: _____ Date: _____
Residence: Mason, OH Citizenship: United States
City and State
Post Office Address: 6830 Parklake Dr., Mason, OH 45040

THIRD JOINT INVENTOR:

Full name: Earl Warren Ross
First Name Middle Name Last Name
Signature: _____ Date: _____
Residence: Cincinnati, Ohio Citizenship: United States
City and State
Post Office Address: 730 Betula Avenue, Cincinnati, Ohio 45229

FOURTH JOINT INVENTOR:

Full name: _____
First Name Middle Name Last Name
Signature: _____ Date: _____
Residence: _____ Citizenship: _____
City and State
Post Office Address: _____

Docket Number

13DV-14043/11718

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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SECOND JOINT INVENTOR:

Full name: William Scott Walston
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Signature: William Scott Walston Date 8/22/02
Residence: Mason, OH Citizenship: United States
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THIRD JOINT INVENTOR:

Full name: Earl Warren Ross
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Signature: Earl Warren Ross Date 8/22/02
Residence: Cincinnati, Ohio Citizenship: United States
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Post Office Address: 730 Betula Avenue, Cincinnati, Ohio 45229

FOURTH JOINT INVENTOR:

Full name: _____
First Name Middle Name Last Name
Signature: _____ Date _____
Residence: _____ Citizenship: _____
City and State
Post Office Address: _____